2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90037 032 ***150.00

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1. Entity Name

THE DANCE CONNECTION, INC.

Principal Place of Business	Mailing Address
14365 EAST COLONIAL DRIVE SUITE A2 ORLANDO FL 32826	3939 PERCIVAL RD ORLANDO FL 32826

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14365 E Colonial Dr	3939 Percival Rd
Suite, Apt. #, etc.: Suite A 2	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando Fl
Zip: 32826 Country: USA	Zip: 32826 Country: USA

4. FEI Number 59-3706238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OKELLEY, KAREN
3939 PERCIVAL RD
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name: Karen Okelley

Street Address (P.O. Box Number is Not Acceptable):

3939 Percival Rd

City: Orlando FL Zip Code: 32826

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Karen Okelley 2/29/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD O'KELLEY, KAREN 3939 PERCIVAL RD. ORLANDO FL 32826	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD O'KELLEY, SHAUN 3939 PERCIVAL RD. ORLANDO FL 32826	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Okelley Karen Okelley 2/29/08 407 207 3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #